DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 1/21/12

PRINTED: 12/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445473	A. BUILDING 01 - MAIN BUILDING 01 B. WING	12/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON COUNTY NURSING HOME	914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 021 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure corridor fire doors were held open by approved devices. The findings include: Observation and interview with the Maintenance Director, on December 6, 2011 at 2:00 p.m. confirmed the following corridor fire doors would not close to a positive latch: 1) 100 hall hopper room 2) 100 hall horizontal exit fire doors near room 108 3) 200 hall horizontal exit fire doors by the Social Services office 4) Fire doors by room 311	K 021	**The facility will assure all corridor fire doors are held open by approved devices. The corridor fire doors located at the 100 hall hopper room, 100 hall horizontal exit fire doors near room 108, 200 hall horizontal exit fire doors by the Social Services office, and Fire doors by room 311 will be repaired to close to a positive latch.** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	01/19/12
K 025	NFPA 101 LIFE SAFETY CODE STANDARD	K 025		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Roger L. Mynatt
TITLE: Administrator
(X6) DATE: 12/20/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 025 SS=D	Continued From page 1 Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure smoke barrier fire ratings are maintained. The findings include: Observation and interview with the Maintenance Director, on December 6, 2011 at 10:40 a.m. confirmed unsealed penetrations in the ceiling of the Medical records room and the 300 hall electrical room.	K 025	**The facility will assure all smoke barrier fire ratings are maintained. Unsealed penetrations in the ceiling of the Medical records room and the 300 hall electrical room will be sealed.** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	01/19/12
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are	K 029	**The facility will assure all hazardous area's one (1) hour fire rated construction is maintained. The laundry will be protected by 1-hour construction.** **The facility is currently addressing this with its architect. Once the architect specifies the best solution for compliance with this, the facility will engage a licensed contractor to implement the solution.** **(continued on next page)**	01/19/12

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K 029	Continued From page 2 permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure hazardous area ' s one (1) hour fire rated construction is maintained. The findings include: Observation, record review and interview with the Maintenance Director, on December 6, 2011 at 2:45 p.m. confirmed the laundry was not protected by 1-hour construction. Record review of building construction drawings with the Maintenance Director on December 6, 2011 at 2:55 p.m. confirmed the laundry was shown to be 1-hour rated construction.	K 029	**(continued from previous page)** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: NFPA 72, 7-3.2.1 Detector sensitivity shall be	K 052	**The facility will assure smoke detectors are tested for sensitivity a minimum of every five (5) years.** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	**01/19/12**

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K 052	Continued From page 3 checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. Based on record review, the facility failed to assure smoke detectors were tested for sensitivity every two (2) years. The findings include: Record review on December 6, 2011 at 8:30 am confirmed there was no documentation to demonstrate the smoke detectors in the facility had been tested for sensitivity after May 30, 2006.	K 052		
K 104 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure duct penetrations in smoke or fire barriers were protected. The findings include: Observation and interview with the Maintenance Director, on December 6, 2011 at 2:05 p.m.	K 104	**The facility will assure all duct penetrations in smoke or fire barriers are protected. The ventilation duct which penetrated the wall above the fire doors by the Admissions office will be sealed.** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	**01/19/12**

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K 104	Continued From page 4 confirmed a ventilation duct which penetrated the wall above the fire doors by the Admissions office was not connected to any ductwork on either side, leaving an unprotected opening in the fire rated wall.	K 104		

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K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all areas of the building was sprinkled. The findings include: Observation on December 6, 2011 at 9:25 a.m. revealed the Fire Alarm Control Panel (FACP) closet at the front entrance of the building has no Automatic Sprinkler coverage installed.	K 056	**The facility will assure all areas of the building are sprinkled. The Fire Alarm Control Panel (FACP) closet at the font entrance of the building will have an automatic sprinkler coverage installed.** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	01/19/12
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure one (1) hour fire rated construction is maintained. The findings include: Observation on December 6, 2011 at 9:15 a.m. revealed ten (10) patient rooms outside the living room and kitchen area also contains a gas fireplace was constructed with a one (1) hour fire	K 130	**The facility will assure one (1) hour fire rated construction is maintained. The required forty five (45) minute fire door will be installed for each patient room for protection from the fireplace.** **(continued on next page)**	01/19/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Roger L. Mynatt | TITLE: Administrator | (X6) DATE: 12/20/11

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K 130	Continued From page 1 rated wall containing a twenty (20) minute doors and did not have the required forty five (45) minute fire door installed for protection from the fireplace. Nation Fire Protection Association (NFPA) 101, 18.5.2.2 any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from outside, and shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperatures or ignition failure. Exception No. 1: Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas, provided that such heaters are located high enough to be out of the reach of persons using the area and are equipped with the safety features required by 18.5.2.2. Exception No. 2: Fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a hearth that shall be raised not less than 4 in. (10.2 cm) and a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material. If, in the opinion of the authority having	K 130	**(continued from previous page)** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. Ongoing compliance will be monitored by the Administrator and Maintenance Director.**	

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K 130	Continued From page 2 jurisdiction, special hazards are present, a lock on the enclosure and other safety precautions shall be permitted to be required.	K 130		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide the emergency generator location with battery-powered emergency lighting. The findings include: Observation and interview with the Maintenance Director, on December 6, 2011 at 9:25 a.m. confirmed the emergency generator location was not provided with battery-powered emergency lighting.	K 144	**The facility will provide the emergency generator location with battery-powered emergency lighting.** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	**01/19/12**

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Roger L. Mynatt | TITLE: Administrator | (X6) DATE: 12/20/11

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K 130	Continued From page 1 rated wall containing a twenty (20) minute doors and did not have the required forty five (45) minute fire door installed for protection from the fireplace. Nation Fire Protection Association (NFPA) 101, 18.5.2.2 any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from outside, and shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperatures or ignition failure. Exception No. 1: Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas, provided that such heaters are located high enough to be out of the reach of persons using the area and are equipped with the safety features required by 18.5.2.2. Exception No. 2: Fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a hearth that shall be raised not less than 4 in. (10.2 cm) and a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material. If, in the opinion of the authority having	K 130	**(continued from previous page)** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. Ongoing compliance will be monitored by the Administrator and Maintenance Director.**	

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K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide the emergency generator location with battery-powered emergency lighting. The findings include: Observation and interview with the Maintenance Director, on December 6, 2011 at 10:35 a.m. confirmed the emergency generator location was not provided with battery-powered emergency lighting.	K 144	**The facility will provide the emergency generator location with battery-powered emergency lighting.** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. Ongoing compliance will be monitored by the Administrator and Maintenance Director.**	**01/19/12**

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON COUNTY NURSING HOME	914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all areas of the building was sprinkled. The findings include: Observation on December 6, 2011 at 10:50 a.m. revealed the Fire Alarm Control Panel (FACP) closet at the front entrance of the building has no Automatic Sprinkler coverage installed.	K 056	**The facility will assure all areas of the building are sprinkled. The Fire Alarm Control Panel (FACP) closet at the font entrance of the building will have an automatic sprinkler coverage installed.** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	01/19/12
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure one (1) hour fire rated construction is maintained. The findings include: Observation on December 6, 2011 at 10:55 a.m. revealed ten (10) patient rooms outside the living room and kitchen area also contains a gas fireplace was constructed with a one (1) hour fire	K 130	**The facility will assure one (1) hour fire rated construction is maintained. The required forty five (45) minute fire door will be installed for each patient room for protection from the fireplace.** **(continued on next page)**	01/19/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Roy L. Myatt
TITLE: Administrator
(X6) DATE: 12/20/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445473	A. BUILDING 04 - 920 INDUSTRIAL PARK - C B. WING	12/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON COUNTY NURSING HOME	914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 130	Continued From page 1 rated wall containing a twenty (20) minute doors and did not have the required forty five (45) minute fire door installed for protection from the fireplace. Nation Fire Protection Association (NFPA) 101, 18.5.2.2 any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from outside, and shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperatures or ignition failure. Exception No. 1: Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas, provided that such heaters are located high enough to be out of the reach of persons using the area and are equipped with the safety features required by 18.5.2.2. Exception No. 2: Fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a hearth that shall be raised not less than 4 in. (10.2 cm) and a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material. If, in the opinion of the authority having	K 130	**(continued from previous page)** **This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. On-going compliance will be monitored by the Administrator and Maintenance Director.**	

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	445473	A. BUILDING 04 - 920 INDUSTRIAL PARK - (B. WING _____	12/06/2011

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K 130	Continued From page 2 jurisdiction, special hazards are present, a lock on the enclosure and other safety precautions shall be permitted to be required.	K 130		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide the emergency generator location with battery-powered emergency lighting. The findings include: Observation and interview with the Maintenance Director, on December 6, 2011 at 11:00 a.m. confirmed the emergency generator location was not provided with battery-powered emergency lighting.	K 144		